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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

EASTERN DIVISION

| In re: | Jones-Boykins, Donice | § | Case No. 09 B 45791 | |
|--------|-----------------------|---|---------------------|--|
| | | § | | |
| | Debtor | § | | |
| | | § | | |
| | | | | |

| CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT |
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| |
| Marilyn O. Marshall, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows: |
| 1) The case was filed on 12/02/2009. |
| 2) The plan was confirmed on 02/01/2010. |
| 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on (NA). |
| 4) The trustee filed action to remedy default by the debtor in performance under the plan on (NA). |
| 5) The case was converted on 05/07/2010. |
| 6) Number of months from filing or conversion to last payment: 6. |
| 7) Number of months case was pending: 6. |
| 8) Total value of assets abandoned by court order: (NA). |
| 9) Total value of assets exempted: \$21,900.00. |
| 10) Amount of unsecured claims discharged without full payment: \$0. |
| 11) All checks distributed by the trustee relating to this case have not cleared the bank. |

Receipts:

Total paid by or on behalf of the debtor \$4,227.86

Less amount refunded to debtor \$392.40

NET RECEIPTS: \$3,835.46

Expenses of Administration:

Attorney's Fees Paid Through the Plan \$3,590.00

Court Costs \$0

Trustee Expenses & Compensation \$245.46

Other \$0

TOTAL EXPENSES OF ADMINISTRATION:

\$3,835.46

Attorney fees paid and disclosed by debtor \$274.00

| Scheduled Creditors: | | | | | | |
|---------------------------------|-----------|--------------------|-------------------|------------------|-------------------|--------------|
| Creditor Name | Class | Claim Scheduled | Claim Asserted | Claim Allowed | Principal Paid | Int. Paid |
| Americredit Financial Ser Inc | Secured | \$10,125.00 | NA | NA | \$0 | \$0 |
| City Of Chicago | Secured | \$9,679.00 | \$9,678.45 | \$9,678.45 | \$0 | \$0 |
| Credit Acceptance Corp | Secured | \$6,536.00 | \$10,816.03 | \$6,536.00 | \$0 | \$0 |
| Ocwen Loan Servicing LLC | Secured | \$10,584.00 | \$4,933.49 | \$4,933.49 | \$0 | \$0 |
| Ocwen Loan Servicing LLC | Secured | \$97,885.00 | \$110,819.67 | \$110,819.67 | \$0 | \$0 |
| AFNI | Unsecured | \$256.57 | NA | NA | \$0 | \$0 |
| American InfoSource LP | Unsecured | \$1,036.00 | \$635.78 | \$635.78 | \$0 | \$0 |
| Americredit Financial Ser Inc | Unsecured | \$6,674.00 | NA | NA | \$0 | \$0 |
| City Of Chicago | Unsecured | NA | \$0 | \$0 | \$0 | \$0 |
| City Of Chicago Dept Of Revenue | Unsecured | \$2,716.00 | \$6,337.60 | \$6,337.60 | \$0 | \$0 |
| Credit Acceptance Corp | Unsecured | \$0.10 | \$4,280.03 | \$4,280.03 | \$0 | \$0 |
| Credit Management Co. | Unsecured | \$1,130.00 | NA | NA | \$0 | \$0 |
| Creditors Discount & Audit Co | Unsecured | \$144.00 | NA | NA | \$0 | \$0 |
| Creditors Discount & Audit Co | Unsecured | \$144.00 | NA | NA | \$0 | \$0 |
| HSBC Bank USA | Unsecured | \$926.00 | \$921.72 | \$921.72 | \$0 | \$0 |
| Illinois Dept of Revenue | Unsecured | \$3,000.00 | NA | NA | \$0 | \$0 |
| Ingalls Memorial Hospital | Unsecured | \$243.16 | NA | NA | \$0 | \$0 |
| | | | | | | (Continued) |

| Scheduled Creditors: (Continued) | | | | | | |
|----------------------------------|-----------|--------------------|-------------------|------------------|-------------------|--------------|
| Creditor Name | Class | Claim Scheduled | Claim Asserted | Claim Allowed | Principal Paid | Int. Paid |
| Ingalls Memorial Hospital | Unsecured | \$372.59 | NA | NA | \$0 | \$0 |
| Medical Collections | Unsecured | \$6.00 | NA | NA | \$0 | \$0 |
| Midwest Emergency | Unsecured | \$544.00 | NA | NA | \$0 | \$0 |
| Money Control | Unsecured | \$210.00 | NA | NA | \$0 | \$0 |
| Professional Account Management | Unsecured | \$135.00 | NA | NA | \$0 | \$0 |
| Quest Diagnostics Inc | Unsecured | \$489.50 | NA | NA | \$0 | \$0 |
| Radiology Imaging Consultants | Unsecured | \$60.00 | NA | NA | \$0 | \$0 |
| RMI/MCSI | Unsecured | \$250.00 | \$632.71 | \$632.71 | \$0 | \$0 |
| Roseland Community Hospital | Unsecured | \$995.08 | NA | NA | \$0 | \$0 |
| Seventh Avenue | Unsecured | \$363.00 | \$363.32 | \$363.32 | \$0 | \$0 |
| Simon & McClosky | Unsecured | \$129,715.00 | \$129,615.00 | \$129,615.00 | \$0 | \$0 |

| Summary of Disbursements to Creditors: | | | | | | |
|--|------------------|-------------------|------------------|--|--|--|
| | Claim Allowed | Principal Paid | Interest Paid | | | |
| Secured Payments: | | | | | | |
| Mortgage Ongoing | \$110,819.67 | \$0 | \$0 | | | |
| Mortgage Arrearage | \$4,933.49 | \$0 | \$0 | | | |
| Debt Secured by Vehicle | \$6,536.00 | \$0 | \$0 | | | |
| All Other Secured | \$9,678.45 | \$0 | \$0 | | | |
| TOTAL SECURED: | \$131,967.61 | \$0 | \$0 | | | |
| Priority Unsecured Payments: | | | | | | |
| Domestic Support Arrearage | \$0 | \$0 | \$0 | | | |
| Domestic Support Ongoing | \$0 | \$0 | \$0 | | | |
| All Other Priority | \$0 | \$0 | \$0 | | | |
| TOTAL PRIORITY: | \$0 | \$0 | \$0 | | | |
| GENERAL UNSECURED PAYMENTS: | \$142,786.16 | \$0 | \$0 | | | |

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Expenses of Administration \$3,835.46

Disbursements to Creditors \$0

TOTAL DISBURSEMENTS:

\$3,835.46

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12) The trustee certifies that the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Date: June 30, 2010

By: _/s/ MARILYN O. MARSHALL

Trustee

STATEMENT: This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.